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<b>To:</b>	<b>Examiner Maria F. Guerrero</b> <b>GROUP ART UNIT: 2822</b> (703)-872-9306	<b>From:</b>	Leslie S. Szivos, Ph.D.
<b>Fax:</b>		<b>Pages:</b>	17 (including fax cover sheet)
<b>Phone:</b>		<b>Date:</b>	January 21, 2004
<b>Re:</b>	<b>Charles T. Black, et al.</b> <b>U.S. Serial No. 09/927,694</b> <b>Docket: 12486A</b>	<b>CC:</b>	

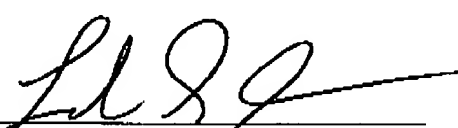
**RESPONSE UNDER 37 C.F.R. §1.111****COMMENTS:**

Transmitted herewith are the following:

1. Amendment Transmittal letter (in duplicate)
2. Response Under 37 C.F.R. §§1.111
3. Certificate of Transmission by Facsimile, dated January 21, 2004 (in duplicate)

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>BUR919990064US2 (12486A)</b>	
Applicant(s): <b>Charles T. Black, et al.</b>					
Serial No. <b>09/927,694</b>	Filing Date <b>August 10, 2001</b>	Examiner <b>Maria F. Guerrero</b>		Group Art Unit <b>2822</b>	
Invention: <b>FERAM CELL WITH INTERNAL OXYGEN SOURCE AND METHOD OF OXYGEN RELEASE</b>					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>09-0456/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>January 21, 2004</b>		
<b>Leslie S. Szivos, Ph.D.</b> <b>Registration No. 39,394</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b> <b>LSS:HAH:kc</b>					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence					
cc:					

[illegible]